

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____	2 Serial/Patent # <u>10/523130</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing	1	1-21-05	\$ 100							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 100							
8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>		1	6	--	1	3	5	0
1	6	--	1	3	5	0				
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-9740</u>								
OFFICE: <u>PT</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**